

SHOTGUNS & STILETTOS



*FOR MORE INFORMATION
PLEASE CONTACT:*

*TRACY SMITH
DFG.DWC.SOUTHCENTRALBOW
@ALASKA.GOV*

BECOMING AN OUTDOORS-WOMAN

6TH ANNUAL FUN SHOOTOUT

SATURDAY APRIL 15, 2017

9:00 AM TO 2:00 PM

**RAISING FUNDS FOR THE
BOW ALASKA PROGRAM**

**PLEASE JOIN US AT GROUSE RIDGE SHOOTING CLUB
FOR A DAY WITH THE LADIES!**

TRY YOUR HAND AT A ROUND OF SPORTING CLAYS!

**ENJOY A DELIGHTFUL LUNCH,
RAFFLES, DOOR PRIZES & STILETTOS!**

**THIS IS A LADIES ONLY EVENT FOR
NOVICE & EXPERIENCED SHOOTERS.**

**YOUR \$125 REGISTRATION FEE PROVIDES
COACHING, EYE & EAR PROTECTION,
AMMO, TARGETS, AND LUNCH.**

**BONUS STILETTO
STATION FOR PHOTOS!**



**LOANER SHOTGUNS
ARE AVAILABLE
UPON REQUEST**



**SPACE IS LIMITED, ADVANCED REGISTRATION IS REQUIRED!
APPLICATION DEADLINE IS APRIL 1ST**



Registration Form

Shotguns & Stilettos Fun Shoot

April 15, 2017 Grouse Ridge Shooting Park

Fee is \$125 Registration Deadline April 1st.

Only one person may register per form. Please photocopy both pages for additional registrations.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____ Shoe Size: _____

Teammates (5 Including You): _____

Team Name (If you have one): _____

Shooting Level: Beginner _____ Novice _____ Experienced _____

Do you need to use a loaner gun? Yes _____ No _____

What gauge shotgun shells do you need? 12 _____ 20 _____

Method of Payment (check option 1 or 2)

___ 1. Check or Money Order made payable to OHFA (Outdoor Heritage Foundation of Alaska)

___ 2. Visa or Master Card made payable to OHFA (Outdoor Heritage Foundation of Alaska)

Name _____

Card # _____

EXP Date _____ CVC _____

Signature _____

Emergency Contact Name _____

Contact Phone Number _____

Refund Policy! Read Carefully! When you sign your registration form, you are agreeing to these terms! If you cancel more than 15 days prior to the event you will receive a refund minus a \$50 processing fee. If you cancel less than 15 days prior to the event no refund will be issued.

Waiver and Release Form

All participants must sign this release. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury or illness during this activity. I acknowledge there are risks of physical injury or illness during this activity. I acknowledge there are risks of physical injury to Becoming an Outdoors-Woman participants and I agree to assume the full risk or any injuries, damages or loss, regardless of severity, which I may sustain as a result of participating in activities connected or associated with this program. I waive and relinquish all claims that I, my insurer or my family may have against Becoming an Outdoors-Woman and its officers, agents, servants and employees from claims from injuries, damages, or loss which I may have or which accrue to me an account of my participation in the above program. **I also acknowledge the refund policy stated above.**

Signature _____ Date _____

Photo Release

Participants understand that photographs may be taken during the sessions and may be used in future support of the Becoming an Outdoors-Woman Program.

Signature _____ Date _____

Please complete and submit the registration application with payment:

Checks payable to: The Outdoor Heritage Foundation of Alaska (OHFA)

Mail to: ADF&G ATTN: BOW HIT 333 Raspberry Road, Anchorage, Alaska 99518

Credit Card payment: The Outdoor Heritage Foundation of Alaska (OHFA)

Fax to: 907-267-2323 -OR- Mail to: the address listed above.

Applications can no longer be accepted via email.